PASSPORT To Health

Provider Newsletter

October-December 2002

Keeping Providers In-

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PASSPORT To Health

Keeping Providers Informed
1-800-480-6823

Services by MAXIMUS are provided under the direction of the **Montana Department of Public Health and Human Services**

PASSPORT Regional Trainings

The Department of Public Health and Human Services, in conjunction with MAXIMUS, is excited to offer the first PASSPORT To Health Regional Training. In the past three years the MAXIMUS Provider Relations Specialist has visited all providers who have been with the PASSPORT Program for three years. While most offices felt these on-site visits were beneficial, we decided to enhance program education by implementing regional trainings. However, PASSPORT To Health will continue to conduct on-site visits to provider's offices at the request of the office.

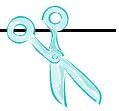
One major advantage of the regional trainings is that providers in the area who do not participate in PASSPORT, including specialists and hospitals, will be invited. Since these providers are affected by the PASSPORT Program through referrals, we feel it will be valuable for them to attend. Another advantage we are excited about is that in addition to providing more detailed and specific information, having many providers represented at one meeting will encourage discussion among providers and enhance the education gained at the training.

These trainings will be different than the trainings conducted by ACS. The PASSPORT regional trainings will focus on:

- policies and processes of the PASSPORT Program;
- how specialists and facilities interact with PASSPORT;
- quality assurance aspects of the PASSPORT Program;
- new and upcoming changes in PASSPORT; and
- will not include billing issues other than PASSPORT.

We would like to encourage providers' offices to send office managers, nurses, providers, or any office staff that interact with PASSPORT clients.

The first regional training will be held in Miles City on October 9, 2002, from 9:00 am to 12:00 pm at Miles Community College, 2600 Dickinson, Room 106. We have sent invitations to providers in the area; however, the training is open to any provider. If you are interested in attending this training, please fill out the R.S.V.P. below and return it to the address indicated, or call 1-800-480-6823 and speak to Maria or Jeanie.



R.S.V.P

Please cut along the dotted line and send to:
PASSPORT To Health
P.O. Box 254
Helena, MT 59624-0254

☐ **YES, we will attend** ☐ **Number attending training** _____

Provider's Office _____ **Town** _____

Names and titles of people attending _____

_____

_____

When to Disenroll Your PASSPORT Client

Do you often get calls for PASSPORT approval for clients that continue to print on your monthly enrollee list whom you have never seen? This often takes place when a provider/patient relationship has not been established. The Department of Public Health and Human Services (DPHHS) leaves the decision of whether or not to grant PASSPORT approval up to the PASSPORT provider. If the condition is urgent and not routine then you may want to give referral even if you have not seen the client. You can contact the client and discuss the need to establish a provider/patient relationship.

Listed below are some suggested steps to encourage a provider/patient relationship:

- Review your monthly PASSPORT enrollee list. For each client that is "NEW" on your list, try to establish a provider/patient relationship with the client by calling or sending the client notification that you are their PASSPORT provider and encouraging them to schedule a preventive health care appointment.
- During appointments with your PASSPORT clients, remind them that they need to come to your office for most of their health care services.
- Discuss the PASSPORT referral process with your clients.

If you follow these steps and you continue to get calls for referrals for clients you have never seen, you should consider sending the client a letter encouraging a preventive health care appointment within a certain time frame or that you will disenroll the client from your care. Reasons providers can disenroll PASSPORT clients are as follows:

- the provider/patient relationship is mutually unacceptable;
- the client fails to follow prescribed treatment;
- the client is abusive; or
- the client could be better treated by a different type of provider, and a referral process is not feasible.

Notification of the disenrollment must be made in writing and sent to the client. A copy of the client's disenrollment letter needs to be mailed or faxed to the PASSPORT To Health Program at the address below:

PASSPORT To Health
P.O. Box 254
Helena, MT 59624
Fax number: 406-442-2328

The PASSPORT provider shall continue to provide patient management services for 30 days while the removal is being completed. Only in extreme circumstances will an exception be made to this rule. During this time the PASSPORT provider may continue to treat the client or refer to another provider.

PASSPORT To Health will assist the client in selecting a new PCP. The PASSPORT Program will not disenroll clients from a PCP without written notification from the provider.

If you have questions about the disenrollment process, please call the Medicaid Provider Help

Disenrollment must be made in writing and sent to the client, as well as, to the PASSPORT To Health Program 30 days in advance.

PASSPORT Updates and Reminders

Cost Sharing Changes

All Medicaid clients have to pay cost sharing except pregnant (including postpartum) women, nursing home residents and children under age 21. Some services, such as family planning and emergency services, have no cost sharing.

- **Prescriptions**
  Clients have to pay 5% of the cost of each prescription. Clients will pay no less than $1 per prescription and not more than $5 per prescription. The maximum amount clients will pay per month for all prescriptions is $25.
- **Physician Services/Hospital**
  Clients have to pay between $1 and $5 each time they visit a health care provider. The amount is based on the type of provider seen. Clients will also have to pay $100 for each in-patient hospital stay.

There is no longer a yearly cap on the total amount of cost sharing. If a client has Medicare or other

Provider Utilization Reports

We recently made visits to several providers across the state to discuss provider utilization reports (previously called provider profiles). To those of you who participated in these meetings … thank you! Our goal is to get provider input as we develop these reports so the reports can be useful to you as well as to the Department of Public Health and Human Services.

The goal of these reports is to provide information on client utilization to providers. Providers can then use this information to outreach and educate PASSPORT clients as needed. We know that many times providers are not aware of the services and medications that their patients are receiving, and we are aiming to provide you with that information.

Currently we are working on measures that look at ER use. Specifically, we are trying to identify those clients that are "frequent users" of the ER. Our definition of "frequent users" is still being decided upon. We will be providing you with the names of these frequent users, diagnosis, and dates of ER visits. We intend to include other measures with ER use, such as identifying any visits to you within 60 days of an ER visit.

We are also beginning work on some measures in the following areas: pharmacy, preventive care, and access to services. As we continue to work on these measures we will be asking for your input. As stated earlier, the goal is to provide you with reports that are useful to you as well as to us.

For this project to be successful and useful to you, we need your input! We know that our providers are very busy and your time is limited. We have kept this in mind and volunteering to assist us in defining the reports would take very little of your time. It can also be done on a "one time only" basis with no commitment to continue to assist in the process.

If you would like more information about these reports, or would help us define them,

Please provide input to Provider Utilization Reports so they are useful to you.

Immunization Incentive Program

The PASSPORT To Health Program completed a focused clinical study of the immunization status of two year olds (24-35 months) as a part of the GPRA (Government Performance and Results Act). The study this year established a baseline of 81.15% of two year olds having complete immunization records. This measure will be restudied each year. In the interim, we are initiating measures to help improve the rate of two year old children who have completed the following core immunizations:

- four DPTa (diphtheria, tetanus, & pertussis) vaccinations;
- three OPV/IVP (polio, oral or injectable) vaccinations;
- one MMR (measles, mumps, and rubella) vaccination;
- three Hep B (hepatitis B) vaccinations; and
- three HIB (Haemophilus Influenzae type B) vaccinations.

Although we are measuring and encouraging the administration of Varicella Zoster and Pneumococcal Conjugate (PCV) vaccinations, these vaccines are not needed for an immunization record to be considered complete.

One of the ideas we have developed is an incentive program. Through the incentive program we will offer a free book to any two-year-old in Montana who has completed the series of vaccinations listed above. This will be funded by donations and federal money specifically designated for improving our immunization rate. No money will come from the Montana general fund.

Montana's County Public Health Departments (PHD) and the Immunization Section of the Communicable Disease Control and Prevention Bureau are collaborating their efforts with PASSPORT To Health to make this program a success. With this cooperative effort, a two-year-old's parent can take the immunization record to the PHD; if the record is complete, the child will receive a book. If the record is incomplete, the parent will be informed of the missing vaccine(s), which can be given at that time, or at another provider's office.

We will keep you updated as this exciting

PASSPORT Provider Survey

In the spring, PASSPORT To Health sent out 501 surveys to PASSPORT providers. The purpose of the survey was to get feedback from the providers on their satisfaction with different aspects of Medicaid and the PASSPORT To Health Program.

After sending out two surveys, reminder letters, and making phone calls to the provider offices to encourage return of the survey, PASSPORT To Health only received 122 completed surveys.

To those provider offices that returned the survey, ***we appreciate your time and your comments.***

Addressing Obesity in Montana

Montana's rates of adult and childhood obesity are lower than national averages, but as more adults and children in Montana are becoming overweight, Montana is nearing the national statistics on obesity.

Obesity and overweight are linked to the nation's number one killer, heart disease, as well as diabetes and other chronic conditions. Obesity can have a great influence on an individual's quality of life and a strong impact on our nation's health care costs. In 1995, the estimated annual health care costs in the United States associated with obesity equaled $99.2 billion.

To measure obesity, one indicator of weight status used is the Body Mass Index (BMI). It is an individual's weight in kg divided by their height in meters squared. An individual is classified as being overweight if their BMI = 25.0-29.9 and is classified as being obese if their BMI is $\geq$ 30. Sixty-one percent of Americans are now classified as being overweight or obese.

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In Montana, the prevalence of obesity among adults has increased significantly between 1990 and 1999. The number of overweight children and adolescents is also on the rise. The 1999 Montana Youth Risk Behavior Survey showed that in children in grades 9-12, nearly 6% are overweight (BMI$\geq$ 85th percentile).

Due to the increase in obesity rates, some of the chronic diseases that have been typically diagnosed in adults, are now being diagnosed in children. The prevalence of diabetes among overweight youth is a particular concern. Type II diabetes has been increasing in youth and has been found to occur often among youth in minority populations, including American Indians.

School health screenings of American Indian children were conducted on two Montana reservations during the 1999-2000 school year. Combined data from both reservations showed that 31% of the youth were overweight (BMI $\geq$ 95th percentile) and 33% of the children screened positive for the skin condition acanthosis nigricans (AN), both of which are associated with an increased risk of diabetes.

There is a clear relationship between obesity and risk factors for heart disease including high blood pressure and elevated blood cholesterol. These conditions are also becoming more prevalent among youth, but most can be managed by increasing physical activity and improving eating habits.

Physical inactivity and poor eating habits are reported as the main contributors to the obesity epidemic, and both are risk factors for chronic diseases. In 1999, only 36% of Montana's high school students participated in daily physical education classes. Also a greater number of children are watching television or playing video games. Studies have shown that children who watch more television gain more weight over time.

Poor dietary habits may also be contributing to the growing prevalence of obesity among youth. Less than 25% of children ages 6-11 meet the Food Pyramid's recommended servings of fruit and vegetables. Infants and children ages 0-9 exceed the recommendations for fat intake. And in the average American diet; over 40% of daily calories are from fat and added sugars. The leading source of added sugars among adolescents is soft drinks. New research has established a link between soda consumption and obesity, stating that becoming obese increases significantly for each additional daily serving of sugar-sweetened drink.

All of us must promote healthy eating and increased physical activity. With these priorities we can curb the increasing trend of obesity and keep Montanas healthy!

For more information on obesity in Montana,